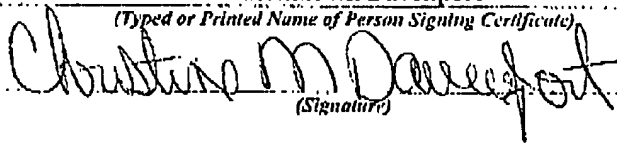
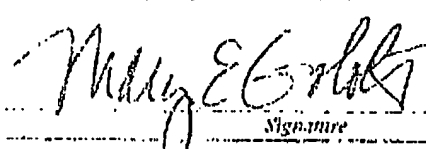
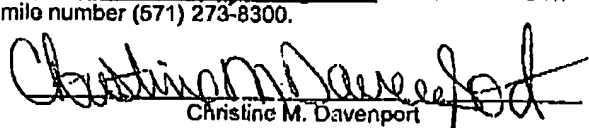


CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)			Docket No. PAT-00293/BC1-0067
Applicant(s): Baumgart			
Application No. 10/511,057	Filing Date October 12, 2004	Examiner Mei Qi Huang	Group Art Unit 1713
Invention: THERMALLY CURABLE, THIXOTROPIC MIXTURES CONTAINING CARBAMATE AND/OR ALLOPHANATE GROUPS			
			RECEIVED CENTRAL FAX CENTER NOV 14 2005
I hereby certify that this <u>Amendment Transmittal Letter; Amendment Under 37 CFR 1.111; Terminal Disclaimer</u> (Identify type of correspondence) is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>(571) 273-8300</u>) on <u>November 14, 2005</u> (Date)			
<div style="text-align: center;">Christine M. Davenport (Typed or Printed Name of Person Signing Certificate)  (Signature)</div>			
Note: Each paper must have its own certificate of mailing.			

AMENDMENT TRANSMITTAL LETTER (Large Entity)					Docket No. PAT-00293/BCI-0067	
Applicant(s): Baumgart et al.						
Application No. 10/511,057	Filing Date October 12, 2004	Examiner Huang, Mei Qi	Customer No. 26922	Group Art Unit 1712	Confirmation No. 2264	
Invention: THERMALLY CURABLE, THIXOTROPIC MIXTURES CONTAINING CARBAMATE AND/OR ALLOPHANATE GROUPS						
COMMISSIONER FOR PATENTS:						
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated and is transmitted as shown below.						
CLAIMS AS AMENDED						
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE	
TOTAL CLAIMS	19	20	0	x \$50.00	\$0.00	
INDEP CLAIMS	2	3	0	x \$200.00	\$0.00	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$0.00	
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account 23-3425 <input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input checked="" type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.						
 _____ Signature Mary E. Golota Reg. No. 36, 814 Cantor Colburn, LLP (248) 524-2300			Dated: November 14, 2005			
cc:			I hereby certify that the attached correspondence is being transmitted by facsimile to: Mail Stop Amendments, Commissioner for Patents, P.O. Box 1450, Alexandria 22313-1450, on <u>November 14, 2005</u> via Transmission to facsimile number (571) 273-8300.  _____ Christine M. Davenport			